

Aid for Completing Your Riding Stable/Pet Shop/Animal Shelter Application

The following is to aid you in completing your Riding Stable/Pet Shop/Animal Shelter Application. Be sure to complete all areas. If something does not apply to you, please cross out the area or write "N/A" on the line. Be sure to complete the information on the back of the application as well. Failure to adequately complete your application may result in your application being returned to you and a delay in processing.

1. **License Year Ending: (Animal Shelters need not complete this section as a shelter license does not expire.)** This is the year your license will expire. Remember, an application expires yearly on December 31st. Therefore, you will need to write down the year whenever the next December 31st will fall. If you are no longer operating a riding stable or pet shop business, please check "no longer needed," complete the business information and corporate/owner information, sign and date the application, and return it to the department. Alternatively, you may supply a signed written letter indicating that you are no longer operating a riding stable or pet shop business. If choosing this option, you must site the name and address (street, city, state, zip code) of the business in your letter.
2. **If Renewal, License No. of Establishment: (Animal Shelters need not complete this section as a shelter license does not expire.)** If this is a renewal application, please record your license number. If you do not know your number, please refer to your most recent license as the number is displayed there.
3. **Business Name:** Please indicate the name of your business.
4. **Business Address:** This is the address (street number and name) where you do business. This is where your facility is located.
5. **City:** This is the city where your business is located.
6. **State:** This is the state where your business is located.
7. **County:** This is the county where your business is located.
8. **Zip:** Please indicate the zip code where your business is located.
9. **Business Phone:** Please indicate the phone number, including the area code, at the business.
10. **Business Fax:** Please indicate the fax number, including the area code, at the business.
11. **Business E-mail:** Please indicate the email address for the business.
12. **Mailing Address if different from above:** If mail for the business goes to a different address than the business address, please indicate this address (street number and name, or P.O. Box). MDA will mail all mailing, including licenses, renewals, memos, newsletters, and hearing notices to this address. If a mailing address is not indicated, all mailings will be sent to the business address.)
13. **City:** If your mail goes to a different address than the business address, please indicate the city where your mail goes.
14. **State:** If your mail goes to a different address than the business address, please indicate the state where your mail goes.
15. **County:** If your mail goes to a different address than the business address, please indicate the county where your mail goes.
16. **Zip:** If your mail goes to a different address than the business address, please indicate the zip code where your mail goes.
17. **Ownership Type:** Please mark the box indicating the type of ownership of the business.
 - a. Corporation: A group of persons authorized to act as an entity having privileges and liabilities distinct from those of its members.
 - b. Sole Ownership: Ownership of property by a single person or entity.

- c. **Partnership:** An association of two or more partners in a business enterprise.
 - d. **L.L.C.:** A Limited Liability Company is a legal company that provides limited personal liability for business debts and claims. The owner is responsible for all taxes on their shares of the business income on their personal tax returns. It is neither a corporation nor a partnership.
 - e. **Other:** A type of business not noted above. Please indicate the specific type of ownership (e.g. cooperative, non-profit)
18. **Corporation Name:** If the type of business is a corporation, please provide the name of the corporation.
 19. **Owner/President (CEO) Name:** Please indicate the name of whoever is ultimately responsible for the business, and makes the major business decisions for the business.
 20. **Street Address of Corporation or Owner:** Please indicate the address (street number and name, or P.O. Box) of the owner of the business, or, if a corporation, the corporate office address.
 21. **City:** Please indicate the city where the owner of the business, or, if a corporation, the corporate office resides.
 22. **State:** Please indicate the state where the owner of the business, or, if a corporation, the corporate office resides.
 23. **County:** Please indicate the county where the owner of the business, or, if a corporation, the corporate office resides.
 24. **Zip:** Please indicate the zip code where the owner of the business, or, if a corporation, the corporate office resides.
 25. **Phone:** Please indicate the phone number where the owner of the business, or, if a corporation, the corporate office resides.
 26. **Fax:** Please indicate the fax number where the owner of the business, or, if a corporation, the corporate office resides.
 27. **Email:** Please indicate the email address for the owner of the business, or, if a corporation, the corporate office.
 28. **Emergency Contact:** Please indicate the phone number, preferably a 24 hour number for the department to call in the event of an emergency.
 29. **Cell Phone:** Please indicate the cell phone number to whoever is ultimately responsible for the business.
 30. **Federal/Tax ID:** Please indicate your federal tax number.
 31. **License Fees:** Please select the type of license desired. Please check "New" if the business is new (is not currently licensed with MDA). As a license is not transferable, you must select "New" if the business has been licensed with MDA, but the business has moved or undergone new ownership. If you are renewing a license for a riding stable or pet shop business that is currently licensed with MDA and the business has neither moved nor changed owners, please check "Renewal."
 - a. **Animal Shelter:**
 - i. **Animal Protection Shelter:** A facility operated by a person, humane society, society for the prevention of cruelty to animals, or any other nonprofit organization for the care of homeless animals (dogs, cats, rabbits, ferrets, hedgehogs, sugar gliders, or any other non-rodent, non-livestock mammals)"
 - ii. **Animal Control Shelter:** A facility operated by a municipality for the impoundment and care of animals (dogs, cats, ferrets, rabbits, hedgehogs, sugar gliders, or any other non-rodent, non-livestock mammal) that are found in the streets or at large, animals that are otherwise held due to the violation of a municipal ordinance or state law, or animals that are surrendered to the animal control shelter.

- b. **Pet Shop:** A place where animals (dogs, cats, ferrets, rabbits, hedgehogs, sugar gliders, or any other non-rodent, non-livestock mammal) sold or offered for sale, exchange, or transfer.
 - c. **Riding Stable:** A Riding Stable is a business in which six or more horses or ponies are leased, rented, or hired to ride.
- 32. **Payment Method:** Please indicate the check number and/or money order number.
- 33. **Amount Enclosed:** Please indicate the total amount paid via check and/or money order.
- 34. **Signature:** The individual completing the application must sign their name. If applying for an animal protection shelter, the application must be signed by the president of the animal welfare society. If applying for the animal control shelter, the application must be signed by the chairman of the board, city manager, or mayor.
- 35. **Date:** The date the application was signed.
- 36. **Please print your name here:** The individual completing the application must print their name.
- 37. **Title:** Please indicate the title or position the individual completing the application has as it relates to the business.
- 38. **Veterinarian Information:** The following information relates to the veterinarian who has agreed to service the riding stable/pet shop/animal shelter.
 - a. **Hospital Name:** Please indicate the name of the veterinary hospital where the veterinarian practices.
 - b. **Veterinarian Name(s):** Please list the name of the veterinarian who has agreed to service the facility. If there are multiple vets at the practice that will be servicing the riding stable/pet shop/animal shelter, please include their names here.
 - c. **Hospital Address:** Please indicate the address (street address) where the veterinary hospital is located.
 - d. **City:** Please indicate the city where the veterinary hospital is located.
 - e. **State:** Please indicate the state where the veterinary hospital is located.
 - f. **County:** Please indicate the county where the veterinary hospital is located.
 - g. **Zip:** Please indicate the zip code where the veterinary hospital is located.
 - h. **Business Phone:** Please indicate the phone number to the veterinary hospital.